

DR. 0 **63-025381**

STATE FILE NUMBER

Registration District No. 278
FILED JUN 26 1963

Primary Registration District No. 3034 Registrar's No. 84

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO.	SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK.

OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Pike	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Louisiana		c. CITY OR TOWN Louisiana	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pike Co. Hospital		d. STREET ADDRESS (If outside, give location) 517 S. Main	
3. NAME OF DECEASED (Type or print) First Middle Last Charles Clinton Wilson		4. DATE OF DEATH Month Day Year June 1, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-12-1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Watchman		10b. KIND OF BUSINESS OR INDUSTRY Police Force	11. BIRTHPLACE (City and state or country) Illinois
13a. FATHER'S NAME H		13b. MOTHER'S MAIDEN NAME Mrs. Gladys Wilson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [REDACTED]	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pyelonephritis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Uremia DUE TO (c) _____		14. NAME OF HUSBAND OR WIFE Mrs. Gladys Wilson Address Mrs. Gladys Wilson, Louisiana, Mo.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 4-6-63 to 6-1-63 and last saw him alive on 6-1-63 Death occurred at 6-1-63 7:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dr. Joe Martin M.D.		22b. ADDRESS Louisiana, Mo.	
22c. DATE SIGNED 6-8-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-3-63	23c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	23d. LOCATION (City, town, or county) (State) Louisiana, Mo.
24. FUNERAL DIRECTOR Geo. M. Collier, Louisiana, Mo.		25. DATE RECD. BY LOCAL REG. 6-14-63	
26. REGISTRAR'S SIGNATURE Bernice Collier			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Geo. Collin

Licensed Embalmer No. 3839

P. O. Address Louisiana, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.